



U.S. DEPARTMENT OF STATE

APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD OF A CITIZEN OF THE UNITED STATES OF AMERICA

A. THIS SECTION TO BE COMPLETED BY APPLICANT.			Please Type or Print Neatly in Blue or Black Ink. See Instructions on Reverse Side.		18. Serial No. _____ Date Issued _____ Approved by _____ FS Post _____
1. NAME OF CHILD IN FULL (First) (Middle) (Last)			2. SEX <input type="checkbox"/> M <input type="checkbox"/> F		
3. DATE OF BIRTH (Month, day, year)	4. HOUR AM PM	5. PLACE OF BIRTH IN FULL (City, State, Country)			

THE FOLLOWING ITEMS PERTAIN TO THE NATURAL PARENTS. COMPLETE FOR BOTH FATHER AND MOTHER.

FATHER	ITEM	MOTHER
	6. FULL NAME (Include mother's maiden name)	
	7. DATE OF BIRTH (Month, day, year)	
	8. PLACE OF BIRTH (City, State, Country)	
	9. PRESENT ADDRESS (Street No., City, State)	
	10. ADDRESS IN UNITED STATES (Street No., City, State)	
	11. EVIDENCE OF U.S. CITIZENSHIP IF ALIEN, SHOW NATIONALITY	
FROM TO	12. PRECISE PERIODS OF PHYSICAL PRESENCE IN UNITED STATES (Do not list individual States. Use additional paper, if necessary)	FROM TO
FROM TO BRANCH OF SERVICE	13. PRECISE PERIODS ABROAD IN U.S. ARMED FORCES, IN OTHER U.S. GOVERNMENT EMPLOYMENT, WITH QUALIFYING INTERNATIONAL ORGANIZATION, OR AS DEPENDENT OF SUCH PERSON (Specify)	FROM TO BRANCH OF SERVICE
	14. PREVIOUS MARRIAGES SHOW DATE AND MANNER OF TERMINATION OF ALL	

15. DATE AND PLACE OF PRESENT MARRIAGE (Month, day, year - City, State, Country)

B. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICER, NOTARY PUBLIC OR OTHER PERSON QUALIFIED TO ADMINISTER OATH

16. AFFIRMATION: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME OF PERSON PROVIDING INFORMATION		SIGNATURE		RELATIONSHIP TO CHILD	
SUBSCRIBED TO: (SEAL)	TYPED NAME AND TITLE OF OFFICIAL	SIGNATURE OF OFFICIAL	CITY	DATE	

C. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICE

17. DOCUMENTS PRESENTED:

18. (See upper right corner)

U.S. SOCIAL SECURITY ADMINISTRATION APPLICATION FOR SOCIAL SECURITY NUMBER CARD						18. Serial No. _____ Date Issued _____ Approved by _____ FS Post _____	
<small>COMPLETE ONLY IF APPLICANT HAS NEVER BEFORE APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER CARD AND IS UNDER AGE 5, UNLESS THE REQUESTED INFORMATION IS PROVIDED, WE MAY NOT BE ABLE TO ISSUE A SOCIAL SECURITY NUMBER. PLEASE READ PRIVACY ACT STATEMENT ON REVERSE.</small>							
1. NAME OF CHILD IN FULL (First) (Middle) (Last) TO BE SHOWN ON CARD <input type="text" value="NAA"/>					2. SEX <input type="text" value="SEX"/> <input type="checkbox"/> M <input type="checkbox"/> F		
3. DATE OF BIRTH (Month, day, year) <input type="text" value="DOB"/>		4. HOUR AM PM	5. PLACE OF BIRTH IN FULL (City, State, Country) <input type="text" value="PLB"/>		6. <input type="text" value="FCI"/> <input type="checkbox"/>		
FATHER'S NAME <input type="text" value="FNA"/>		7. ← FATHER'S FULL NAME MOTHER'S MAIDEN NAME →		MOTHER'S NAME <input type="text" value="MNA"/>			
Father's Social Secuity Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		8. ← SOCIAL SECURITY NUMBER →		Mother's Social Secuity Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
9. <input type="text" value="PNA"/> HAS THE PERSON IN ITEM 1 EVER APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER BEFORE? <input type="checkbox"/> NO							
10. NAME OF CHILD <input type="text" value="NAB"/> FULL NAME AT BIRTH IF OTHER THAN ABOVE →		FIRST FULL MIDDLE NAME LAST					
11. MAILING ADDRESS <input type="text" value="STT"/> DO NOT ABBREVIATE →		STREET ADDRESS, APT. NO., P.O. BOX, RURAL ROUTE NO. CITY/PROVINCE STATE OR FOREIGN COUNTRY POSTAL/ZIP CODE <input type="text" value="CTY"/> <input type="text" value="STE"/> <input type="text" value="ZIP"/>					
12. RACE/ETHNIC DESCRIPTION <input type="text" value="ETB"/> (Check one only-Voluntary) →		<input type="checkbox"/> Asian, Asian American or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> North American Indian or Alaskan Native <input type="checkbox"/> White (Not Hispanic)					
13. NAME OF PERSON PROVIDING INFORMATION			14. SIGNATURE			15. RELATIONSHIP TO CHILD	
16. TODAY'S DATE (Month, day, year) <input type="text" value="DON"/>			17. DAYTIME TELEPHONE NUMBER				
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)							
NPN		DOC		NTI		CAN	
PBC		EVI		EVA		EVC	
PRA		NWR		DNR		UNIT	
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE			
				DATE			
				DATE			
				<input type="text" value="DCL"/> DATE			